

**University of Alberta  
 Division of Gastroenterology**

**PREGNANCY IN INFLAMMATORY BOWEL DISEASE  
 Consultation and Research Clinic**

**Fax completed form to: 780-492-8121**

The clinic is open for the referral of female and male patients with IBD, and their partners, who are considering pregnancy, or who are pregnant. This is a concurrent care consultation and research clinic, as patients will remain under the care of their existing gastroenterologist.

**REFERRING PHYSICIAN**

NAME: \_\_\_\_\_ PRAC ID: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_

FAX: ( ) \_\_\_\_\_

**REASON FOR REFERRAL to Pregnancy Clinic**

Pre-conception

Pregnant: Gestational Age (wk): \_\_\_\_\_

1<sup>st</sup> trimester

2<sup>nd</sup> trimester

3<sup>rd</sup> trimester

**IBD HISTORY**

Please check-mark your patient's diagnosis:

Crohn's Disease

Ulcerative Colitis

Indeterminate

Is this patient in an active flare?

Yes

No

**PATIENT DEMOGRAPHIC INFORMATION**

Patient's Full Name:

\_\_\_\_\_

(Last) (First) (Middle/Initial)

ULI/PHN Number: \_\_\_\_\_

Date of Birth (DD/MON/YEAR): \_\_/\_\_/\_\_

Patient's Mailing Address:

\_\_\_\_\_

(Apt/Suite) (Street Address)

\_\_\_\_\_

(City) (Province) (Postal Code)

Home Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

UAH use: Reviewing doctor's initials: \_\_\_\_\_ date (dd/mm/yy): \_\_/\_\_/\_\_

Triaged category (circle): emergent urgent semi-urgent non-urgent

Patient disposition: \_\_\_\_\_

Notifications – referring Dr [ ] Patient [ ] Other [ ] \_\_\_\_\_

